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| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| DISTRICT OF NEW JERSEY                          |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | ☐ Chapter 7                   |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | Chapter 13                    | ☐ Check if this is an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai                   | rt 1: Identify Yourself  |  |   |
|-----------------------|--|--|---|
|                       |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.                    | Your full name   |  |   |
|                       | Write the name that is on your government-issued picture identification (for example, your driver's                              | James                                    |   |
|                       |  | First name                               | First name                                    |
| license or passport). | Middle name  | Middle name                              |   |
|                       | Bring your picture   | Haren                                    |   |
|                       | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|                       |  |  |   |
| 2.                    | All other names you have used in the last 8 years  |  |   |
|                       | Include your married or maiden names.  |  |   |
| 3.                    | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4771                              |   |

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Debtor 1 James Haren Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|---|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |
|  |   | EIN   | EIN  |
| 5.   | Where you live                                  | 5 Mary Beth Lane  | If Debtor 2 lives at a different address:  |
|  |   | Jackson, NJ 08527  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|  |   | Ocean   |  |
|  |   | County  | County   |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|  |   |   |  |

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Debtor 1 **James Haren** Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District of NJ 2/14/17 17-12825 When Case number District (Trenton) District of NJ 10/31/16 16-30693 District When Case number (Trenton) See Attachment District When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ■ No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

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Case number (if known) James Haren Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, Bankruptcy Code, and are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). debtor or a debtor as defined by 11 U.S. C. § I am not filing under Chapter 11. No. 1182(1)? For a definition of small I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1

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Debtor 1 James Haren Case number (if known)

\_\_\_\_

Part 5:

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | James Haren   |                     |   |   | IDEF (if known)   |  |  |  |  |  |  |
|-----|---|---------------------|---|---|---|--|--|--|--|--|--|
| Par | t 6: Answer These Quest   | ions for R          | eporting Purposes   |   |   |  |  |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.                |   | r consumer debts? Consumer debts are descended from the consumer debts are descended from the consumer debts are descended from the consumer debts. | efined in 11 U.S.C. § 101(8) as "incurred by an   |  |  |  |  |  |  |
|     |   |                     | ☐ No. Go to line 16b.   |   |   |  |  |  |  |  |  |
|     |   |                     | Yes. Go to line 17.   |   |   |  |  |  |  |  |  |
|     |   | 16b.                |   | business debts? Business debts are debnessment or through the operation of the b  |   |  |  |  |  |  |  |
|     |   |                     | ☐ No. Go to line 16c.   |   |   |  |  |  |  |  |  |
|     |   |                     | ☐ Yes. Go to line 17.   |   |   |  |  |  |  |  |  |
|     |   | 16c.                | State the type of debts yo  | u owe that are not consumer debts or busir  | ness debts  |  |  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | ■ No.               | I am not filing under Chap  | oter 7. Go to line 18.  |   |  |  |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          | ☐ Yes.              |   | 7. Do you estimate that after any exempt pr available to distribute to unsecured credito  | operty is excluded and administrative expenses rs?  |  |  |  |  |  |  |
|     | administrative expenses   |                     | □ No  |   |   |  |  |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                     | ☐ Yes   |   |   |  |  |  |  |  |  |
| 18. | How many Creditors do   | <b>■</b> 1-49       |   | <b>1</b> ,000-5,000   | <b>1</b> 25,001-50,000  |  |  |  |  |  |  |
|     | you estimate that you owe?  | □ 50-99             |   | 5001-10,000   | 50,001-100,000  |  |  |  |  |  |  |
|     |   | □ 100-1<br>□ 200-9  |   | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |  |  |  |
| 19. | How much do you   | □ \$0 - \$          | 50,000  | ☐ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |  |  |  |  |
|     | estimate your assets to be worth?   |                     | 01 - \$100,000<br>001 - \$500,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                       |  |  |  |  |  |  |
|     |   |                     | 001 - \$500,000<br>001 - \$1 million  | □ \$100,000,001 - \$100 million   | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |  |  |  |
| 20. | How much do you   | □ \$0 - \$          | 50,000  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |  |  |  |
|     | estimate your liabilities to be?  |                     | 001 - \$100,000   | □ \$10,000,001 - \$50 million   | \$1,000,000,001 - \$10 billion  |  |  |  |  |  |  |
|     |   |                     | 001 - \$500,000<br>001 - \$1 million  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million   | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                  |  |  |  |  |  |  |
| Par | t 7: Sign Below   |                     |   |   |   |  |  |  |  |  |  |
| For | you   | I have ex           | examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |   |   |  |  |  |  |  |  |
|     |   |                     |   | er 7, I am aware that I may proceed, if eligib<br>e relief available under each chapter, and I  | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.           |  |  |  |  |  |  |
|     |   |                     |   | id not pay or agree to pay someone who is if the notice required by 11 U.S.C. § 342(b).   |   |  |  |  |  |  |  |
|     |   | I request           | relief in accordance with th  | ne chapter of title 11, United States Code, s   | pecified in this petition.  |  |  |  |  |  |  |
|     |   | bankrupt<br>and 357 | cy case can result in fines ι   | ent, concealing property, or obtaining mone up to \$250,000, or imprisonment for up to 2  | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |  |  |
|     |   | James               |   | Signature of Deb  | otor 2  |  |  |  |  |  |  |
|     |   | Executed            | October 19, 2022  MM / DD / YYYY  |   | /IM / DD / YYYY   |  |  |  |  |  |  |

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Debtor 1 James Haren Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph M. Casello                          | Date          | October 19, 2022    |  |
|--|---------------|---------------------|--|
| Signature of Attorney for Debtor               |               | MM / DD / YYYY      |  |
| Joseph M. Casello Printed name                 |               |                     |  |
|  |               |                     |  |
| Collins, Vella & Casello, LLC Firm name        |               |                     |  |
| 2317 Route 34, Suite 1A<br>Manasquan, NJ 08736 |               |                     |  |
| Number, Street, City, State & ZIP Code         |               |                     |  |
| Contact phone <b>732-751-1766</b>              | Email address | jcasello@cvclaw.net |  |
| 005631994 NJ                                   |               |                     |  |
| Bar number & State                             |               |                     |  |

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Debtor 1 James Haren Case number (if known)

| Fill in this information to identify your case: |                          |                        |           |  |  |
|---|--------------------------|------------------------|-----------|--|--|
| Debtor 1  | James Haren              |                        |           |  |  |
|   | First Name               | Middle Name            | Last Name |  |  |
| Debtor 2  |                          |                        |           |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name            | Last Name |  |  |
| United States Ba                                | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |  |  |
| Case number                                     |                          |                        |           |  |  |
| (if known)                                      |                          |                        |           |  |  |
|   |                          |                        |           |  |  |

## FORM 101. VOLUNTARY PETITION

### **Prior Bankruptcy Cases Filed Attachment**

| District                 | Case Number | Date Filed |
|--------------------------|-------------|------------|
| District of NJ (Trenton) | 17-12825    | 2/14/17    |
| District of NJ (Trenton) | 16-30693    | 10/31/16   |
| District of NJ (Trenton) | 16-12575    | 2/12/16    |

|                           | Case 22-18335-MBK  | Doc 1 Filed 10 Docume       | 0/20/22 Entered 10<br>ent Page 9 of 53 | /20/22 11:53:30        | Desc Main                            |
|---------------------------|--|-----------------------------|--|------------------------|--------------------------------------|
| Fill in thi               | s information to identify your   | case:                       |  |                        |                                      |
| Debtor 1                  | James Haren  |                             |  |                        |                                      |
| <b>D</b> 1 0              | First Name   | Middle Name                 | Last Name                              |                        |                                      |
| Debtor 2<br>(Spouse if, f | iling) First Name  | Middle Name                 | Last Name                              |                        |                                      |
| United St                 | ates Bankruptcy Court for the:   | DISTRICT OF NEW JEF         | RSEY                                   |                        |                                      |
| Case nur                  | mber   |                             |  |                        | Check if this is an amended filing   |
|                           | al Form 106Sum<br>ary of Your Assets   | and Liabilities an          | d Certain Statistica                   | I Information          | 12/15                                |
| informati                 | nplete and accurate as possi<br>on. Fill out all of your schedu<br>inal forms, you must fill out a | les first; then complete th | e information on this form. If         | you are filing amended |                                      |
| Part 1:                   | Summarize Your Assets  |                             |  |                        |                                      |
|                           |  |                             |  |                        | Your assets<br>Value of what you own |
|                           | edule A/B: Property (Official F<br>Copy line 55, Total real estate,                                |                             |  |                        | \$ 654,800.00                        |
| 1b.                       | Copy line 62, Total personal pro   | operty, from Schedule A/B   |  |                        | \$ 43,865.98                         |

698,665.98

395.000.00

0.00

6,772.50

7,439.28

6,155.47

page 1 of 2

401,772.50

Your liabilities
Amount you owe

Your total liabilities \$

1c. Copy line 63, Total of all property on Schedule A/B.....

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F.....*3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F.....* 

Copy your combined monthly income from line 12 of Schedule I.....

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Copy your monthly expenses from line 22c of Schedule J.....

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

Part 4: Answer These Questions for Administrative and Statistical Records

Are you filing for bankruptcy under Chapters 7, 11, or 13?

Part 2: Summarize Your Liabilities

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

What kind of debt do you have?

Yes

Official Form 106Sum

Schedule J: Your Expenses (Official Form 106J)

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Debtor 1 James Haren Case number (if known)

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_4,939.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clain | า    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total</b> . Add lines 9a through 9f.  | \$          | 0.00 |

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|                    |                                      |                 | Doc                                    | ument             | Page 11 of 53   |                               |               |   |
|--------------------|--------------------------------------|-----------------|--|-------------------|---|-------------------------------|---------------|---|
| Fill in this infor | mation to identify your              | case and th     | is filinç                              | g:                |   |                               |               |   |
| Debtor 1           | James Haren                          |                 |  |                   |   |                               |               |   |
| Debier 1           | First Name                           | Middle          | Name                                   |                   | Last Name   |                               |               |   |
| Debtor 2           |                                      |                 |  |                   |   |                               |               |   |
| Spouse, if filing) | First Name                           | Middle          | Name                                   |                   | Last Name   |                               |               |   |
| Jnited States Ba   | ankruptcy Court for the:             | DISTRICT        | OF NE                                  | N JERSEY          |   |                               |               |   |
|                    |                                      |                 |  |                   |   |                               |               | _   |
| Case number _      |                                      |                 |  |                   | _   |                               |               | ☐ Check if this is a amended filing             |
|                    |                                      |                 |  |                   |   |                               |               | amended ming                                    |
|                    |                                      |                 |  |                   |   |                               |               |   |
| Official Fo        | orm 106A/B                           |                 |  |                   |   |                               |               |   |
| Schedul            | le A/B: Prop                         | ertv            |  |                   |   |                               |               | 12/15   |
|                    |                                      |                 |  |                   | an asset fits in more than one                        |                               | the coest in  |   |
| □ No. Go to Pa     |                                      | e interest in a |  |                   | , land, or similar property?  y? Check all that apply |                               |               |   |
| 5 Mary Be          | eth I ane                            |                 | _                                      |                   |   | 5                             |               |   |
|                    | , if available, or other description |                 | _                                      | Single-family     | nome<br>Iti-unit building                             |                               |               | aims or exemptions. Put d claims on Schedule D: |
|                    |                                      |                 |  | •                 | or cooperative  | Creditors Wi                  | าo Have Clain | ns Secured by Property.                         |
|                    |                                      |                 |  | 0011001111111011  | . or ocoporative                                      |                               |               |   |
|                    |                                      |                 |  | Manufactured      | I or mobile home                                      | Current valu                  | ue of the     | Current value of the                            |
| Jackson            | NJ 085                               | 27-0000         |  | Land              |   | entire prope                  |               | portion you own?                                |
| City               | State                                | ZIP Code        |  | Investment pr     | roperty   | \$654                         | 4,800.00      | \$654,800.0                                     |
|                    |                                      |                 |  | Timeshare         |   | Describe th                   | e nature of y | our ownership interest                          |
|                    |                                      |                 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                   | 4 in the manufact 0 of the                            | (such as fee<br>a life estate |               | ancy by the entireties, o                       |
|                    |                                      |                 | wno                                    | Debtor 1 only     | t in the property? Check one                          | u mo ootato                   | ,,            |   |
| Ocean              |                                      |                 | _                                      | ,                 |   |                               |               |   |
| County             |                                      |                 |  |                   |   |                               |               |   |
|                    |                                      |                 |  | 200101 1 0110     | of the debtors and another                            | ☐ Check (see insti            |               | munity property                                 |
|                    |                                      |                 | Othe                                   |                   | ou wish to add about this ite                         | ,                             | ,             |   |
|                    |                                      |                 | prop                                   | erty identificati | ion number:   |                               |               |   |
|                    |                                      |                 |  |                   |   |                               |               |   |
|                    |                                      |                 |  |                   |   |                               |               |   |
|                    |                                      |                 |  |                   |   |                               |               |   |
|                    |                                      |                 |  |                   | from Part 1, including any                            |                               |               | \$654,800.00                                    |
| pages you h        | nave attached for Part 1             | . write that    | numbe                                  | r nere            |   | =                             | >             |   |
|                    |                                      |                 |  |                   |   |                               |               |   |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Jebto | '                     | ames Haren   |  | ase number (if known)                                |   |
|-------|-----------------------|--|--|--|---|
| Car   | s, vans,              | trucks, tractors, sport utility ve                           | hicles, motorcycles  |  |   |
|       | lo.                   |  |  |  |   |
|       |                       |  |  |  |   |
| Y     | es                    |  |  |  |   |
|       |                       | Ford   |  | Do not deduct secured cl                             | aims or exemptions. Put   |
| 3.1   | Make:                 | Ford   | Who has an interest in the property? Check one   | the amount of any secure                             | ed claims on Schedule D:  |
|       | Model:                | Fusion   | ■ Debtor 1 only  | Creditors Who Have Clair                             | ms Secured by Property.   |
|       | Year:                 | 2016<br>nate mileage: 140000                                 | Debtor 2 only  | Current value of the entire property?                | Current value of the  |
|       |                       | nate mileage: 140000 ormation:                               | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                 | entire property?                                     | portion you own?  |
| Γ     | Other iiii            | omation.   | At least one of the deptors and another  |  |   |
|       |                       |  | ☐ Check if this is community property (see instructions)   | \$6,541.00   | \$6,541.00  |
| 3.2   | Make:                 | Ford   | Who has an interest in the property? Check one   | Do not deduct secured cl                             |   |
|       | Model:                | Mustang GT   | ■ Debtor 1 only  | Creditors Who Have Clair                             |   |
|       | Year:                 | 2010   | Debtor 2 only  | Current value of the                                 | Current value of the  |
|       | Approxin              | nate mileage: 60000  | ☐ Debtor 1 and Debtor 2 only   | entire property?                                     | portion you own?  |
| F     | Other inf             | ormation:  | $\square$ At least one of the debtors and another  |  |   |
|       |                       |  | ☐ Check if this is community property (see instructions)   | \$14,772.00  | \$14,772.00   |
| .3    | Make:                 | Mercury  | Who has an interest in the property? Check one   | Do not deduct secured cl<br>the amount of any secure |   |
|       | Model:                | Mountaineer  | ■ Debtor 1 only  | Creditors Who Have Clair                             |   |
|       | Year:                 | 2008   | ☐ Debtor 2 only  | Current value of the                                 | Current value of the  |
|       |                       | nate mileage: 130000   | Debtor 1 and Debtor 2 only   | entire property?                                     | portion you own?  |
| г     |                       | ormation:  | At least one of the debtors and another  |  |   |
|       | Does r                | ot run   | Check if this is community property (see instructions)   | \$2,967.00   | \$2,967.00  |
|       | <i>mples:</i> B<br>Io |  | d other recreational vehicles, other vehicles, an tercraft, fishing vessels, snowmobiles, motorcycle a |  |   |
|       |                       |  | n for all of your entries from Part 2, including an  | -  | \$24,280.00   |
| rt 3: | Descri                | be Your Personal and Household Ite                           | ems  |  |   |
|       |                       |  | terest in any of the following items?  | !  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exa   | amples:<br>No         | goods and furnishings<br>Major appliances, furniture, linens | , china, kitchenware   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|       | Yes. De               | scribe   |  |  |   |
|       |                       | Agod Househol  | d Goods & Furnishings  |  | \$3,000,0   |

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| Deb  | tor 1                 | James Harer                                      | Case number  | (if known)   |
|------|-----------------------|--|--|--|
|      | ] No                  | es: Televisions ar<br>including cell             | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners<br>phones, cameras, media players, games   | ; music collections; electronic devices  |
|      | Yes.                  | Describe   |  |  |
|      |                       |  | Two Televisions, Cell Phone  | \$300.00   |
| E    |                       |  | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta<br>ns, memorabilia, collectibles  | mp, coin, or baseball card collections;  |
|      | Yes.                  | Describe   |  |  |
|      | Ēxample<br>☐ No       | ent for sports ares: Sports, photogonical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;   | canoes and kayaks; carpentry tools;  |
|      |                       |  | Drum Set   | \$600.00   |
|      |                       |  | Druin Get  |  |
| •    | ■ No                  |  | , shotguns, ammunition, and related equipment  |  |
|      | No .                  | les: Everyday clo                                | othes, furs, leather coats, designer wear, shoes, accessories  |  |
| •    | ■ Yes.                | Describe   |  |  |
|      |                       |  | Everyday Used Clothing & Shoes   | \$500.00   |
|      | ] No                  |  | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches   | , gems, gold, silver   |
|      |                       |  | Wedding Band   | \$1,000.00   |
| •    | <i>Exampl</i><br>■ No | m animals<br>les: Dogs, cats, b                  | pirds, horses  |  |
|      | No                    | ner personal and                                 | d household items you did not already list, including any health aids you did normation  | ot list  |
| 15.  |                       |  | of all of your entries from Part 3, including any entries for pages you have attain the form the form the state of the sta | \$5,400.00   |
| Part | 4: Des                | cribe Your Financ                                | ial Assets   |  |
|      |                       |  | egal or equitable interest in any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

Case 22-18335-MBK Doc 1 Filed 10/20/22 Entered 10/20/22 11:53:30 Page 14 of 53 Document Case number (if known) Debtor 1 **James Haren** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Π Nο ■ Yes..... Cash (loose \$53.00 change) 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **TD Bank** \$12.904.57 Checking **TD Bank** \$1,228,41 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ☐ No Issuer name and description. Yes.....

**United States Office of Personnel Management** 

**Retirement Programs** 

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Unknown

Filed 10/20/22 Case 22-18335-MBK Doc 1 Entered 10/20/22 11:53:30 Page 15 of 53 Document Case number (if known) Debtor 1 **James Haren** Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: \$0.00 **FAA** Susan Larsen-Haren 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information..

#### 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

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| Deb          | otor 1              | James Haren  |                              | Case number (if known)       |                     |
|--------------|---------------------|--|------------------------------|------------------------------|---------------------|
| 35.          | Any fir             | nancial assets you did not already list  |                              |                              |                     |
|              | No                  |  |                              |                              |                     |
|              | ☐ Yes.              | Give specific information  |                              |                              |                     |
| 36.          |                     | the dollar value of all of your entries from Part 4, includi<br>art 4. Write that number here                              |                              |                              | \$14,185.98         |
| Part         | 5: De               | scribe Any Business-Related Property You Own or Have an Int  | erest In. List any real esta | ate in Part 1.               |                     |
| 37. <b>I</b> | Do you              | own or have any legal or equitable interest in any business-rela   | ated property?               |                              |                     |
|              | No. Go              | to Part 6.   |                              |                              |                     |
|              | Yes. C              | Go to line 38.   |                              |                              |                     |
| Part         |                     | scribe Any Farm- and Commercial Fishing-Related Property Yo<br>rou own or have an interest in farmland, list it in Part 1. | ou Own or Have an Intere     | st In.                       |                     |
| 46.          | Do yοι              | ı own or have any legal or equitable interest in any farm  | n- or commercial fishir      | ng-related property?         |                     |
|              | ■ No.               | Go to Part 7.  |                              |                              |                     |
|              | ☐ Yes               | s. Go to line 47.  |                              |                              |                     |
|              |                     |  |                              |                              |                     |
| Part         | 7:                  | Describe All Property You Own or Have an Interest in That Yo   | ou Did Not List Above        |                              |                     |
|              |                     |  |                              |                              |                     |
| 53.          | •                   | u have other property of any kind you did not already lis  | it?                          |                              |                     |
|              | <i>Exam</i><br>■ No | oles: Season tickets, country club membership  |                              |                              |                     |
| _            | _                   | Give specific information  |                              |                              |                     |
|              | <b>⊒</b> 165.       | Give specific information  |                              |                              |                     |
| 54.          | Add 1               | the dollar value of all of your entries from Part 7. Write t   | hat number here              |                              | \$0.00              |
| <b>0</b>     | , taa               |  | nat nambor noto mini         |                              | Ψ0.00               |
| Part         | 8:                  | List the Totals of Each Part of this Form  |                              |                              |                     |
| 55           | Dort (              | 1: Total real estate, line 2   |                              |                              | <b>*</b> CE4.000.00 |
| 55.<br>56    |                     | 2: Total vehicles, line 5  |                              |                              | \$654,800.00        |
|              |                     | 3: Total personal and household items, line 15   | \$24,280.00                  |                              |                     |
|              |                     | 4: Total financial assets, line 36   | \$5,400.00                   |                              |                     |
|              |                     | 5: Total business-related property, line 45  | \$14,185.98                  |                              |                     |
| 60.          |                     | 6: Total farm- and fishing-related property, line 52   | \$0.00                       |                              |                     |
|              |                     | 7: Total other property not listed, line 54  | + \$0.00<br>+ \$0.00         |                              |                     |
| 01.          | · art               | Total other property not nated, line of  | φυ.υυ                        |                              |                     |
| 62.          | Total               | personal property. Add lines 56 through 61   | \$43,865.98                  | Copy personal property total | \$43,865.98         |
| 63.          | Total               | of all property on Schedule A/B. Add line 55 + line 62   |                              |                              | \$698,665,98        |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this informa                    |             |                        |           |                     |
|---|-------------|------------------------|-----------|---------------------|
| Debtor 1                                | James Haren |                        |           |                     |
|   | First Name  | Middle Name            | Last Name |                     |
| Debtor 2                                |             |                        |           |                     |
| (Spouse if, filing)                     | First Name  | Middle Name            | Last Name |                     |
| United States Bankruptcy Court for the: |             | DISTRICT OF NEW JERSEY |           |                     |
| Case number                             |             |                        |           |                     |
| (if known)                              |             |                        |           | Check if this is an |
|   |             |                        |           | amended filing      |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | / the Property | y You Claim as Exempt |
|---------|----------|----------------|-----------------------|
|         |          |                |                       |

|    | $\square$ You are claiming state and federal nonban                                    | kruptcy exemptions.                  | 11 U.S | S.C. § 522(b)(3)  |                                    |
|----|--|--------------------------------------|--------|---|------------------------------------|
|    | ■ You are claiming federal exemptions. 11 l  | J.S.C. § 522(b)(2)                   |        |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | empt,  | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |
|    | 5 Mary Beth Lane Jackson, NJ 08527<br>Ocean County                                     | \$654,800.00                         |        | \$27,900.00   | 11 U.S.C. § 522(d)(1)              |
|    | Line from Schedule A/B: 1.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 2016 Ford Fusion 140000 miles Line from Schedule A/B: 3.1                              | \$6,541.00                           |        | \$4,450.00  | 11 U.S.C. § 522(d)(2)              |
|    | Line IIOIII Schedule AVD. 4.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 2010 Ford Mustang GT 60000 miles   | \$14,772.00                          |        | \$1,422.00  | 11 U.S.C. § 522(d)(5)              |
|    | Line IIOIII Schedule AVD. 3.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Aged Household Goods & Furnishings   | \$3,000.00                           |        | \$3,000.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: <b>6.1</b>   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Two Televisions, Cell Phone Line from Schedule A/B: 7.1                                | \$300.00                             |        | \$300.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule AVD. 1.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |

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| De  | btor 1  | James Haren  |                                      |         | Case number (if known)  |                          |  |  |
|-----|---|--|--------------------------------------|---------|---|--------------------------|--|--|
|     |   | description of the property and line on edule A/B that lists this property   | Current value of the portion you own | Am      | Specific laws that allow exemption                              |                          |  |  |
|     |   |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                          |  |  |
|     |   | m Set<br>from Schedule A/B: 9.1  | \$600.00                             |         | \$600.00  | 11 U.S.C. § 522(d)(3)    |  |  |
|     | LING  | nom concease 772.  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                          |  |  |
|     |   | ryday Used Clothing & Shoes from Schedule A/B: 11.1  | \$500.00                             |         | \$500.00  | 11 U.S.C. § 522(d)(3)    |  |  |
|     | LINE  | Total Scriedule A.B. TT.T  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                          |  |  |
|     | Wedding Band Line from Schedule A/B: 12.1                   |  | \$1,000.00                           |         | \$1,000.00  | 11 U.S.C. § 522(d)(4)    |  |  |
| LIN | LINE  | IIIIII Scriedule AVB. 12.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                          |  |  |
|     | Cash (loose change) Line from Schedule A/B: 16.1            |  | \$53.00                              |         | \$53.00   | 11 U.S.C. § 522(d)(5)    |  |  |
|     | LINE  | Total Schedule A/B. 19.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                          |  |  |
|     |   | ted States Office of Personnel   | Unknown                              |         | \$0.00  | 11 U.S.C. § 522(b)(3)(C) |  |  |
|     | Management Retirement Programs Line from Schedule A/B: 23.1 |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                          |  |  |
| 3.  | (Sub  | Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) |                                      |         |   |                          |  |  |
|     |   | No   |                                      |         |   |                          |  |  |
|     | Ш   | Yes. Did you acquire the property cov  | erea by the exemption wi             | ithin 1 | ,215 days before you filed this case?                           | ,                        |  |  |
|     |   | □ No □ Yes   |                                      |         |   |                          |  |  |
|     |   | □ 169  |                                      |         |   |                          |  |  |

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|  |   | Document  | Page 1          | 9 01 53                        |  |                             |
|--|---|---|-----------------|--------------------------------|--|-----------------------------|
| Fill in this information                           | n to identify you                           | r case:   |                 |                                |  |                             |
| Debtor 1 Ja  | ames Haren                                  |   |                 |                                |  |                             |
|  | st Name                                     | Middle Name   | Last Name       |                                |  |                             |
| Debtor 2<br>(Spouse if, filing) Fire               | st Name                                     | Middle Name   | Last Name       |                                |  |                             |
| United States Bankrup                              | tcy Court for the:                          | DISTRICT OF NEW JERSEY  |                 |                                |  |                             |
| Case number  |   |   |                 |                                |  |                             |
| (if known)   |   |   |                 |                                | <b>–</b>                                     | if this is an<br>led filing |
| Official Farms 40                                  | 0.CD  |   |                 |                                |  |                             |
| Official Form 10                                   |   |   | _               |                                |  |                             |
| Schedule D:  | Creditors                                   | Who Have Claims   | Secure          | ed by Property                 | <u> </u>                                     | 12/15                       |
|  |   | f two married people are filing togeth<br>out, number the entries, and attach it  |                 |                                |  |                             |
| Do any creditors have                              | claims secured by                           | vour property?  |                 |                                |  |                             |
| <u> </u>   | -   | nis form to the court with your other   | schedules.      | You have nothing else to       | report on this form.                         |                             |
| Yes. Fill in all of                                |   | ·   |                 | J                              |  |                             |
|  | cured Claims                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                 |                                |  |                             |
|  |   | nore than one secured claim, list the cre   | ditor congrato  | Column A                       | Column B                                     | Column C                    |
| for each claim. If more the                        | an one creditor has                         | a particular claim, list the other creditors<br>cal order according to the creditor's name  | s in Part 2. As |                                | Value of collateral that supports this claim | Unsecured portion If any    |
| U.S. Bank True<br>Association, a                   |   | Describe the property that secures  | the claim:      | \$395,000.00                   | \$654,800.00                                 | \$0.00                      |
| Creditor's Name                                    |   | 5 Mary Beth Lane Jackson,   |                 |                                |  |                             |
| Trustee of the                                     |   | 08527 Ocean County  |                 |                                |  |                             |
| Series IV Trus<br>7114 E. Stetso                   |   | As of the date you file, the claim is:  | Check all that  |                                |  |                             |
| Suite 250  | on Drive,                                   | apply.  | One on that     |                                |  |                             |
| Scottsdale, AZ                                     | Z 85251                                     | ☐ Contingent  |                 |                                |  |                             |
| Number, Street, City, S                            | State & Zip Code                            | ☐ Unliquidated  |                 |                                |  |                             |
|  |   | Disputed  |                 |                                |  |                             |
| Who owes the debt?                                 | Check one.                                  | Nature of lien. Check all that apply.   |                 |                                |  |                             |
| ■ Debtor 1 only                                    |   | An agreement you made (such as car loan)  | mortgage or s   | ecured                         |  |                             |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2            | ) anh                                       | ☐ Statutory lien (such as tax lien, me  | abaniala lian)  |                                |  |                             |
| At least one of the deb                            | ,   | ☐ Statutory lien (such as tax lien, me  | cnanic's lien)  |                                |  |                             |
| ☐ Check if this claim re                           |   | ☐ Other (including a right to offset)   |                 |                                |  |                             |
| community debt                                     |   |   |                 |                                |  |                             |
| Date debt was incurred                             |   | Last 4 digits of account num  | ber <b>5795</b> | •                              |  |                             |
|  | -   |   | 0700            | <u>'</u>                       |  |                             |
|  |   |   |                 |                                |  |                             |
| Add the dollar value of                            | f your entries in Co                        | olumn A on this page. Write that num  | ber here:       | \$395,000                      | 0.00   |                             |
| If this is the last page<br>Write that number here |   | the dollar value totals from all pages.   | •               | \$395,000                      | 0.00   |                             |
|  |   |   |                 |                                |  |                             |
| Part 2: List Others t                              | to Be Notified for                          | r a Debt That You Already Listed  |                 |                                |  |                             |
| trying to collect from yo                          | ou for a debt you ov<br>y of the debts that | e notified about your bankruptcy for a<br>we to someone else, list the creditor<br>you listed in Part 1, list the additiona<br>is page. | in Part 1, and  | then list the collection ag    | ency here. Similarly, if y                   | ou have more                |
| [ ]<br>Name, Number, S<br>Catherine Ap             | Street, City, State &                       | Zip Code  | On w            | hich line in Part 1 did you en | ter the creditor?2.1_                        |                             |
| Friedman Va  | artolo LLP<br>n Avenue, Suit                | te 160  | Last 4          | 4 digits of account number _   | _  |                             |

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| Debtor 1 | James Haren   |                   |           | Case number (if known)   |  |
|----------|---|-------------------|-----------|--|--|
|          | First Name  | Middle Name       | Last Name |  |  |
| F<br>1   | Name, Number, Street, Ci<br>Rushmore Loan Ma<br>15480 Laguna Cany<br>Irvine, CA 92618 | nagement Services |           | On which line in Part 1 did you ente  Last 4 digits of account number 3: |  |

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|  |  | Documer  | nt Page 21                                | L of 53  |   |     |
|--|--|--|---|--|---|-----|
| Fill in this info  | rmation to identify your   | case:  |   |  |   |     |
| Debtor 1   | James Haren  |  |   |  |   |     |
| Debtor 1   | First Name   | Middle Name  | Last Name                                 |  | _   |     |
| Debtor 2   |  |  |   |  |   |     |
| (Spouse if, filing)  | First Name   | Middle Name  | Last Name                                 |  |   |     |
| United States B  | ankruptcy Court for the:   | DISTRICT OF NEW JER  | SEY                                       |  |   |     |
|  |  |  |   |  | _   |     |
| Case number  |  |  |   |  | ☐ Check if this is an   |     |
| (  |  |  |   |  | amended filing  |     |
|  |  |  |   |  |   |     |
| Official For   | <u>m 106E/F</u>  |  |   |  |   |     |
| Schedule   | E/F: Creditors W   | ho Have Unsecu   | red Claims                                |  | 12/15   |     |
| Schedule G: Exect Schedule D: Cred left. Attach the Coname and case no | eutory Contracts and Unexpitors Who Have Claims Secontinuation Page to this pagumber (if known). | ired Leases (Official Form 10<br>ured by Property. If more spa<br>le. If you have no information | 6G). Do not include ace is needed, copy t | any creditors with parti<br>the Part you need, fill it | A/B: Property (Official Form 106A/B) and<br>ially secured claims that are listed in<br>out, number the entries in the boxes on<br>the top of any additional pages, write yo | the |
|  | All of Your PRIORITY Ur  |  |   |  |   |     |
| 1. Do any credi  | tors have priority unsecure  | d claims against you?  |   |  |   |     |
| ■ No. Go to  | Part 2.  |  |   |  |   |     |
| ☐ Yes.   |  |  |   |  |   |     |
| Part 2: List   | All of Your NONPRIORIT   | V Unaccured Claims   |   |  |   |     |
|  |  |  |   |  |   | —   |
| _ `  | tors have nonpriority unse   |  |   |  |   |     |
| ☐ No. You h  | ave nothing to report in this p  | art. Submit this form to the cou   | rt with your other sche                   | dules.   |   |     |
| Yes.   |  |  |   |  |   |     |
| unsecured cla  | aim, list the creditor separatel   | y for each claim. For each clain   | n listed, identify what t                 | ype of claim it is. Do not                             | creditor has more than one nonpriority<br>list claims already included in Part 1. If more<br>rred claims fill out the Continuation Page of                                  | )   |
|  |  |  |   |  | Total claim   |     |
| 4.1 Americ   | can Express  | Last 4 digits  | of account number                         | 6325   | \$390   | .00 |
| •  | ity Creditor's Name  |  |   |  |   |     |
|  | uptcy Department<br>ox 981540  | When was th  | e debt incurred?                          |  |   |     |
|  | o, TX 79998  |  |   |  |   |     |
|  | Street City State Zip Code<br>urred the debt? Check one.   | As of the date   | e you file, the claim i                   | s: Check all that apply                                |   |     |
| _  |  | _  |   |  |   |     |
| ■ Debte  | -  | ☐ Contingen  |   |  |   |     |
| Debte  | -  | ☐ Unliquidate  | ed  |  |   |     |
|  | or 1 and Debtor 2 only   | ☐ Disputed   |   |  |   |     |
| ☐ At lea   | ast one of the debtors and an  | Juliei   | PRIORITY unsecured                        | ı cıaım:   |   |     |
|  | k if this claim is for a com   | •  |   |  |   |     |
| debt<br>Is the cl  | aim subject to offset?   | ☐ Obligation:<br>report as prior   |   | ration agreement or divo                               | rce that you did not  |     |
| ■ No   |  | <u></u> '  | •   | g plans, and other simila                              | r debts   |     |
| ☐ Yes  |  |  | ecify Credit Card                         | •  |   |     |
|  |  | Other. Spe   | ecity Great Gard                          | i .  |   |     |

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| Debioi | James naten  | Case number (il known)  |          |
|--------|--|---|----------|
| 4.2    | American Trading Company   | Last 4 digits of account number   | \$925.00 |
|        | Nonpriority Creditor's Name<br>1334 Timberlane Road #14<br>Tallahassee, FL 32312 | When was the debt incurred?   |          |
|        | Number Street City State Zip Code Who incurred the debt? Check one.              | As of the date you file, the claim is: Check all that apply   |          |
|        | ■ Debtor 1 only  | ☐ Contingent  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|        | Yes  | Other. Specify  |          |
| 4.3    | Centra State Healthcare System   | Last 4 digits of account number 9891  | \$771.00 |
|        | Nonpriority Creditor's Name<br>901 West Main Street<br>Freehold, NJ 07728        | When was the debt incurred?   |          |
|        | Number Street City State Zip Code Who incurred the debt? Check one.              | As of the date you file, the claim is: Check all that apply   |          |
|        | Debtor 1 only  | ☐ Contingent  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |          |
|        | Yes  | ■ Other. Specify Medical Bill   |          |
| 4.4    | Centra State Healthcare System   | Last 4 digits of account number 3101  | \$150.00 |
|        | Nonpriority Creditor's Name<br>901 West Main Street<br>Freehold, NJ 07728        | When was the debt incurred?   |          |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.             | As of the date you file, the claim is: Check all that apply   |          |
|        | ■ Debtor 1 only  | ☐ Contingent  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|        | □Yes   | ■ Other, Specify Medical Bill   |          |

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| Debto | James Haren   | Case number (if known)   |            |
|-------|---|--|------------|
| 4.5   | eCAST Settlement Corporation  | Last 4 digits of account number  | \$3,189.50 |
|       | Nonpriority Creditor's Name PO Box 29262  | When was the debt incurred?  |            |
|       | New York, NY 10087-9262  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |            |
|       | Debtor 2 only   | ☐ Unliquidated   |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | ☐ Yes   | ■ Other. Specify CitiBank Credit Card  |            |
| 4.6   | Freehold Radiology Group PA   | Last 4 digits of account number 3414   | \$37.00    |
|       | Nonpriority Creditor's Name   | <del></del>  | ·          |
|       | DO Boyesas  | When was the debt incurred?  |            |
|       | PO Box6545<br>Freehold, NJ 07728  |  |            |
|       | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.   |  |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |            |
|       | debt<br>Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | Yes   | ■ Other. Specify Medical Bill  |            |
| 4.7   | State of New Jersey   | Last 4 digits of account number  | Unknown    |
|       | Nonpriority Creditor's Name Division of Taxation  | When was the debt incurred?  |            |
|       | P.O. Box 245<br>Trenton, NJ 08695-0245  |  |            |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply  |            |
|       | <u> </u>  |  |            |
|       | Debtor 1 only   | Contingent   |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |            |
|       | Debtor 1 and Debtor 2 only  | Disputed   |            |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community debt   |  |            |
|       | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | ☐ Yes   | ■ Other. Specify Taxes   |            |
|       | - <del>-</del>  | — Other Openin   |            |

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| Debto | James Haren   | Case number (if known)  |          |
|-------|---|---|----------|
| 4.8   | USAA Federal Savings Bank   | Last 4 digits of account number 7251  | \$913.00 |
|       | Nonpriority Creditor's Name 10750 McDermott Freeway   | When was the debt incurred?   |          |
|       | San Antonio, TX 78288  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|       | ■ Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | □ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only  | □ Disputed  |          |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes   | Other Specify Credit Card   |          |
| 4.9   | Verizon   | Last 4 digits of account number 9004  | \$273.00 |
|       | Nonpriority Creditor's Name 500 Technology Drive Suite 300                                  | When was the debt incurred?   |          |
|       | Weldon Spring, MO 63304-2225  Number Street City State Zip Code                             | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   | As of the date you me, the damins. Oneck an that apply  |          |
|       | ■ Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|       | Yes   | Other. Specify  |          |
| 4.1   | Verizon   | Last 4 digits of account number 9758  | \$124.00 |
| U     | Nonpriority Creditor's Name   |   | *******  |
|       | 500 Technology Drive  | When was the debt incurred?   |          |
|       | Suite 300   |   |          |
|       | Weldon Spring, MO 63304-2225  Number Street City State Zip Code                             | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   | ,   |          |
|       | Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|       | Is the claim subject to offset?   | report as priority claims   |          |
|       | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes   | Other Specify   |          |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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|  | Document ray                          | E 23 01 33  |  |  |  |  |
|--|---------------------------------------|---|--|--|--|--|
| Debtor 1 James Haren   |                                       | Case number (if known)                                |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| A-1 Collection   | Line 4.3 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 2297 Highway 33, Suite 906                                     |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| Hamilton Square, NJ 08690-1717                                 | Last 4 digits of account number       |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| A-1 Collection   | Line 4.4 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 2297 Highway 33, Suite 906<br>Hamilton Square, NJ 08690-1717   |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
|  | Last 4 digits of account number       |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| A-1 Collection Agency  | Line 4.3 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 715 Horizon Dr #401<br>Grand Junction, CO 81506                |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| Grand Junction, CO 61300                                       | Last 4 digits of account number       |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| A-1 Collection Agency  | Line 4.4 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 715 Horizon Dr #401<br>Grand Junction, CO 81506                |                                       | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
| Grand Junction, CO 01300                                       | Last 4 digits of account number       |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| Alltran Financial, LP  | Line 4.8 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 5800 North Course Drive<br>Houston, TX 77072                   |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| Houston, TX TTOTZ  | Last 4 digits of account number       | 4317  |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| Berks Credit & Collections, Inc.                               | Line 4.6 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| PO Box 329 Tomple BA 10560-0320                                |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| Temple, PA 19560-0329  | Last 4 digits of account number       |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 or | did you list the original creditor?                   |  |  |  |  |
| Robert F. Casey, Esq.  | Line 4.2 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| Lenox, Socey, Formidoni, Giordano,<br>Colly, Lang & Casey, LLC |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| 3131 Princeton Pike, Suite 1B                                  |                                       |   |  |  |  |  |
| Lawrence Township, NJ 08648                                    |                                       |   |  |  |  |  |
| -  | Last 4 digits of account number       |   |  |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim    |
|--------------|-----|---|-----|----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00     |
| Total claims |     |   |     |                |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00     |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00     |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00     |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00     |
|              |     |   |     | Total Claim    |
| Total        | 6f. | Student loans   | 6f. | \$<br>0.00     |
| claims       |     |   |     |                |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00     |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00     |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>6,772.50 |

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Debtor 1 James Haren Case number (if known)

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **6,772.50** 

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| Fill in this infor  | mation to identify your  | case:               | V         |   |
|---------------------|--------------------------|---------------------|-----------|---|
| Debtor 1            | James Haren              |                     |           |   |
|                     | First Name               | Middle Name         | Last Name |   |
| Debtor 2            |                          |                     |           |   |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name | _ |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY      |   |
| Case number         |                          |                     |           |   |
| (if known)          |                          |                     |           |   |
|                     |                          |                     |           |   |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the cr., Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     |           |              |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
|     |           |              |  |                   |   |

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| Fill in this                | information to identify your  | case.  | nt 1 age 20 c                                      | 71 00   |  |
|-----------------------------|---|--|--|---|--|
|                             |   | odse.  |  |   |  |
| Debtor 1                    | James Haren First Name  | Middle Name  | Last Name  |   |  |
| Debtor 2                    | . not realing   | made Hame  | Zaot Hamo  |   |  |
| (Spouse if, filin           | g) First Name   | Middle Name  | Last Name  |   |  |
| United Stat                 | es Bankruptcy Court for the:  | DISTRICT OF NEW JEF  | RSEY   |   |  |
| Case numb                   | per   |  |  |   |  |
| (if known)                  |   |  |  |   | Check if this is an amended filing   |
| O((; -; -1                  | F 400LL   |  |  |   |  |
|                             | Form 106H   | 1.4  |  |   |  |
| Sched                       | ule H: Your Cod   | ebtors   |  |   | 12/15  |
| ■ No □ Yes  2. With Arizona | nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3.  Did your spouse, former spou | ı <b>lived in a community pr</b><br>Nevada, New Mexico, Pu | operty state or territor<br>erto Rico, Texas, Wash | ry? (Community property sta                     | ntes and territories include   |
| in line<br>Form 1           | 2 again as a codebtor only i  | f that person is a guaran                                  | tor or cosigner. Make                              | sure you have listed the c                      | th you. List the person shown<br>reditor on Schedule D (Official<br>edule E/F, or Schedule G to fill |
|                             | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z  | P Code   |  | Column 2: The credito<br>Check all schedules th | or to whom you owe the debt at apply:  |
| 3.1                         |   |  |  | ☐ Schedule D, line                              |  |
|                             | Name  |  |  | Schedule E/F, line                              |  |
|                             |   |  |  | ☐ Schedule G, line                              |  |
| 1                           | Number Street   |  |  | _   |  |
|                             | City  | State  | ZIP Code   |   |  |
| 3.2                         |   |  |  | ☐ Schedule D, line                              |  |
|                             | Name  |  |  | ☐ Schedule E/F, line                            |  |
|                             |   |  |  | ☐ Schedule G, line                              |  |
| 1                           | Number Street   |  |  | _   |  |
|                             | City  | State  | ZIP Code   |   |  |

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|                    |  |                               |  |                       |                               | •                         |                      |                          |                              |                 |
|--------------------|--|-------------------------------|--|-----------------------|-------------------------------|---------------------------|----------------------|--------------------------|------------------------------|-----------------|
|                    | in this information to identify your control James Hare  |                               |  |                       |                               |                           |                      |                          |                              |                 |
| Del                | otor 2 use, if filing)   | <u>''</u>                     |  |                       | _                             |                           |                      |                          |                              |                 |
|                    | ted States Bankruptcy Court for the  | : DISTRICT OF NEW J           | IERSEY                                     |                       |                               |                           |                      |                          |                              |                 |
|                    | se number<br>  |                               | -  |                       |                               | □ An                      |                      | ed filing<br>ent showin  | ng postpetition              |                 |
| 0                  | fficial Form 106l  |                               |  |                       |                               |                           | M / DD/ Y            |                          | one wing date.               |                 |
| S                  | chedule I: Your Inc  | ome                           |  |                       |                               |                           |                      |                          |                              | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your ith you, do not inclu | spouse i<br>de inforr | s liv<br>nati                 | ring with y<br>on about y | ou, incl<br>your spo | ude infori<br>ouse. If m | mation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |                               | Debtor 1                                   |                       | Debtor 2 or non-filing spouse |                           |                      |                          |                              |                 |
|                    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status             | ☐ Employed                                 | ☐ Employed            |                               |                           | ☐ Empl               | oyed                     |                              |                 |
|                    |  | _mpioyon                      | Not employed                               |                       |                               |                           | ☐ Not e              | mployed                  |                              |                 |
|                    | Include part-time, seasonal, or  | Occupation                    |  |                       |                               |                           |                      |                          |                              |                 |
|                    | self-employed work.  | Employer's name               |  |                       |                               |                           |                      |                          |                              |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            |  |                       |                               |                           |                      |                          |                              |                 |
|                    |  | How long employed t           | here?                                      |                       |                               |                           | _                    |                          |                              |                 |
| Pai                | t 2: Give Details About Mor  | nthly Income                  |  |                       |                               |                           |                      |                          |                              |                 |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If    | you have nothing to r                      | eport for             | any                           | line, write               | \$0 in the           | space. In                | clude your noi               | n-filing        |
| -                  | u or your non-filing spouse have mo  |                               | ombine the informatio                      | n for all e           | emplo                         | oyers for th              | nat perso            | on on the li             | ines below. If               | you need        |
|                    |  |                               |  |                       |                               | For Debt                  | tor 1                |                          | btor 2 or<br>ing spouse      |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |  | 2.                    | \$                            |                           | 0.00                 | \$                       | N/A                          |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |  | 3.                    | +\$                           |                           | 0.00                 | +\$                      | N/A                          |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                |  | 4.                    | \$                            |                           | 0.00                 | \$                       | N/A                          |                 |

| Debtor 1           | James Haren   | =        | Case r   | number ( <i>if known</i> ) |          |                     |               |
|--------------------|---|----------|----------|----------------------------|----------|---------------------|---------------|
|                    |   |          | For      | Debtor 1                   | For Del  | btor 2 or           |               |
|                    |   |          | . 0.     |                            |          | ng spouse           |               |
| C                  | opy line 4 here   | 4.       | \$       | 0.00                       | \$       | N/A                 |               |
| 5. <b>Li</b>       | st all payroll deductions:  |          |          |                            |          |                     |               |
| 58                 | a. Tax, Medicare, and Social Security deductions  | 5a.      | \$       | 0.00                       | \$       | N/A                 |               |
| 5b                 | o. Mandatory contributions for retirement plans   | 5b.      | \$       | 0.00                       | \$       | N/A                 |               |
| 50                 | Voluntary contributions for retirement plans  | 5c.      | \$       | 0.00                       | \$       | N/A                 |               |
| 50                 | d. Required repayments of retirement fund loans   | 5d.      | \$       | 0.00                       | \$       | N/A                 |               |
| 5€                 |   | 5e.      | \$       | 0.00                       | \$       | N/A                 |               |
| 5f                 | 6   | 5f.      | \$       | 0.00                       | \$       | N/A                 |               |
| 50                 |   | 5g.      | \$       | 0.00                       | \$       | N/A                 |               |
| 5h                 |   | 5h.+     | · —      |                            | + \$     | N/A                 |               |
|                    | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       | \$       | 0.00                       | \$       | N/A                 |               |
| 7. <b>C</b> a      | alculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | \$       | 0.00                       | \$       | N/A                 |               |
| 8. <b>Li</b><br>8a | profession, or farm Attach a statement for each property and business showing gross   |          |          |                            |          |                     |               |
|                    | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.      | \$       | 0.00                       | \$       | N/A                 |               |
| 8b                 |   | 8b.      | \$—      | 0.00                       | \$       | N/A                 |               |
| 80                 | <ul> <li>Family support payments that you, a non-filing spouse, or a dependent<br/>regularly receive</li> </ul>   |          | <b>~</b> | 0.00                       | <b>*</b> | 197                 |               |
|                    | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      | \$       | 0.00                       | \$       | N/A                 |               |
| 80                 |   | 8d.      | \$<br>   | 0.00                       | \$       | N/A                 |               |
| 86                 |   | 8e.      | <u> </u> | 2,500.00                   | \$       | N/A                 |               |
| 8f                 | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:            | e<br>8f. | \$       | 0.00                       | \$       | N/A                 |               |
| 80                 | p. Pension or retirement income   | <br>8g.  | \$       | 4,939.28                   | \$       | N/A                 |               |
| 8ł                 | n. Other monthly income. Specify:   | _ 8h.+   | \$       | 0.00                       | + \$     | N/A                 |               |
| 9. <b>A</b>        | dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$       | 7,439.28                   | \$       | N/A                 |               |
|                    | alculate monthly income. Add line 7 + line 9.   | 10. \$   | 7        | <b>7,439.28</b> + \$       | N        | N/A = \$ 7          | ,439.28       |
| Ad                 | dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          |          |                            |          |                     |               |
| In<br>ot<br>De     | tate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. In not include any amounts already included in lines 2-10 or amounts that are not pecify: | depend   | ,        |                            | •        | edule J.<br>11. +\$ | 0.00          |
| W                  | dd the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certail oplies  |          |          |                            | a, if it | 12. \$ <b>7</b>     | 7,439.28<br>d |
| 13. <b>D</b>       | o you expect an increase or decrease within the year after you file this form<br>No.  | ?        |          |                            |          | monthly i           |               |
|                    | Yes. Explain:   |          |          |                            |          |                     |               |

Official Form 106l Schedule I: Your Income page 2

|                 |   |   |                                     |  |  | _             |                   |   |
|-----------------|---|---|-------------------------------------|--|--|---------------|-------------------|---|
| Fill in         | n this informa                                | tion to identify yo                                   | our case:                           |  |  |               |                   |   |
| Debto           | or 1  | James Harer   | า                                   |  |  | Chec          | k if this is:     |   |
| Daha            | 0   |   |                                     |  |  |               | An amended filing | otania antara (CC ana alianatan               |
| Debto<br>(Spou  | use, if filing)                               |   |                                     |  |  | _             |                   | ving postpetition chapter the following date: |
| Linita          | d States Banks                                | untay Court for the                                   | · DISTDI                            | CT OF NEW JERSEY   |  | _             | MM / DD / YYYY    |   |
| Unite           | d States Banki                                | upicy Court for the                                   | . DISTRI                            | CT OF NEW JERSET   |  |               | WIWI / DD / TTTT  |   |
| Case<br>(If kno | numberown)                                    |   |                                     |  |  |               |                   |   |
| Off             | ficial Fo                                     | rm 106J   |                                     |  |  | 1             |                   |   |
| Sc              | hedule  | J: Your   | Exper                               | nses   |  |               |                   | 12/1  |
| Be a infor num  | s complete a<br>rmation. If m<br>ber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people and the control of the cont |  |               |                   |   |
| Part<br>1.      | Is this a joir                                | ibe Your House<br>it case?                            | inoia                               |  |  |               |                   |   |
|                 | ■ No. Go to                                   | line 2.   |                                     |  |  |               |                   |   |
|                 | ☐ Yes. Doe                                    | s Debtor 2 live i                                     | n a separ                           | ate household?   |  |               |                   |   |
|                 | ПΝ  |   |                                     |  |  |               |                   |   |
|                 | □ Y   | es. Debtor 2 mus                                      | st file Offic                       | al Form 106J-2, Expenses   | s for Separate House                   | ehold of Debt | or 2.             |   |
| 2.              | Do you have                                   | e dependents?   | □ No                                |  |  |               |                   |   |
|                 | Do not list D<br>Debtor 2.                    | ebtor 1 and   | Yes.                                | Fill out this information for each dependent   | Dependent's relat<br>Debtor 1 or Debto |               | Dependent's age   | Does dependent live with you?                 |
|                 | Do not state                                  | the   |                                     |  |  |               |                   | □ No  |
|                 | dependents                                    | names.  |                                     |  | Spouse                                 |               | 60                | Yes   |
|                 |   |   |                                     |  |  |               |                   | □ No<br>□ Yes                                 |
|                 |   |   |                                     |  |  |               |                   | □ No  |
|                 |   |   |                                     |  |  |               |                   | ☐ Yes   |
|                 |   |   |                                     |  |  |               | -                 | □ No  |
|                 |   |   |                                     |  |  |               |                   | ☐ Yes   |
|                 |   | enses include<br>f people other t                     | han <b>I</b>                        | No   |  |               |                   |   |
|                 |   | d your depende  |                                     | Yes  |  |               |                   |   |
| Part            | 2: Estim                                      | ate Your Ongoi  | na Month                            | ly Fynenses  |  |               |                   |   |
| Estir           | mate your ex                                  | penses as of yo                                       | our bankr                           | uptcy filing date unless y<br>y is filed. If this is a supp  |  |               |                   |   |
| the v           |   | n assistance an                                       |                                     | government assistance i<br>cluded it on <i>Schedule I:</i> Y   |  |               | Your exp          | enses   |
| (•              |   | ···,  |                                     |  |  |               |                   |   |
|                 |   | or home owners<br>and any rent for the                |                                     | ses for your residence. I<br>or lot.   | nclude first mortgag                   | e 4. \$       |                   | 3,714.74                                      |
|                 | If not includ                                 | led in line 4:  |                                     |  |  |               |                   |   |
|                 | 4a. Real e                                    | estate taxes  |                                     |  |  | 4a. \$        |                   | 0.00  |
|                 |   | rty, homeowner's                                      | s, or renter                        | 's insurance   |  | 4b. \$        |                   | 0.00  |
|                 |   |   |                                     | upkeep expenses  |  | 4c. \$        |                   | 100.00  |
| _               |   | owner's associat                                      |                                     |  |  | 4d. \$        |                   | 0.00  |
| 5.              | Additional r                                  | nortgage payme  | ents for yo                         | <b>our residence</b> , such as ho  | me equity loans                        | 5. \$         |                   | 0.00  |

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| Debtor 1                | James H       | aren  | Case num            | Case number (if known) |                            |  |  |  |  |
|-------------------------|---------------|---|---------------------|------------------------|----------------------------|--|--|--|--|
| . Utilit                | tios:         |   |                     | _                      |                            |  |  |  |  |
| i. <b>Utilit</b><br>6a. |               | heat, natural gas   | 6a.                 | \$                     | 319.33                     |  |  |  |  |
| 6b.                     |               | ver, garbage collection   | 6b.                 | ·                      | 35.00                      |  |  |  |  |
| 6c.                     |               | e, cell phone, Internet, satellite, and cable services  | 6c.                 | ·                      | 554.50                     |  |  |  |  |
| 6d.                     | Other. Spe    |   | 6d.                 | *                      | 0.00                       |  |  |  |  |
|                         |               | ekeeping supplies   | 0d.<br>7.           |                        | 500.00                     |  |  |  |  |
|                         |               | hildren's education costs   | 8.                  | · <u> </u>             | 0.00                       |  |  |  |  |
| _                       |               | ry, and dry cleaning  | 9.                  |                        |                            |  |  |  |  |
|                         | -             | -   |                     | ·                      | 50.00                      |  |  |  |  |
|                         | •             | roducts and services  | 10.                 | ·                      | 200.00                     |  |  |  |  |
|                         |               | ntal expenses   | 11.                 | \$                     | 20.00                      |  |  |  |  |
|                         | •             | Include gas, maintenance, bus or train fare.  | 12.                 | \$                     | 150.00                     |  |  |  |  |
|                         |               | ar payments. clubs, recreation, newspapers, magazines, and books  | 13.                 | ·                      | 100.00                     |  |  |  |  |
|                         |               | ributions and religious donations   | 14.                 | ·                      | 0.00                       |  |  |  |  |
|                         |               | ibutions and religious donations  | 14.                 | Ψ                      | 0.00                       |  |  |  |  |
| i. Insu                 |               | surance deducted from your pay or included in lines 4 or 20.  |                     |                        |                            |  |  |  |  |
|                         | Life insura   | , , ,   | 15a.                | \$                     | 0.00                       |  |  |  |  |
|                         | Health insi   |   | 15b.                | ·                      | 0.00                       |  |  |  |  |
|                         | Vehicle ins   |   | 15c.                | ·                      | 311.90                     |  |  |  |  |
|                         |               | rance. Specify:   | 15d.                | *                      | 0.00                       |  |  |  |  |
|                         |               | · · · · · · · · · · · · · · · · · · ·   |                     | Ψ                      | 0.00                       |  |  |  |  |
| Spec                    |               | clude taxes deducted from your pay or included in lines 4 or 20   | ).<br>16.           | \$                     | 0.00                       |  |  |  |  |
|                         |               | ease payments:  |                     |                        |                            |  |  |  |  |
|                         |               | ents for Vehicle 1  | 17a.                | *                      | 0.00                       |  |  |  |  |
|                         |               | ents for Vehicle 2  | 17b.                | ·                      | 0.00                       |  |  |  |  |
|                         | Other. Spe    |   | 17c.                | · <u> </u>             | 0.00                       |  |  |  |  |
|                         | Other. Spe    |   | 17d.                | \$                     | 0.00                       |  |  |  |  |
|                         |               | of alimony, maintenance, and support that you did not rep<br>your pay on line 5, Schedule I, Your Income (Official Form |                     | \$                     | 0.00                       |  |  |  |  |
|                         |               | s you make to support others who do not live with you.  | - /                 | \$                     | 0.00                       |  |  |  |  |
| Spec                    |               | •   | 19.                 | -                      |                            |  |  |  |  |
|                         | ,             | erty expenses not included in lines 4 or 5 of this form or or   |                     |                        |                            |  |  |  |  |
|                         |               | on other property   | 20a.                |                        | 0.00                       |  |  |  |  |
| 20b.                    | Real estate   | e taxes   | 20b.                | \$                     | 0.00                       |  |  |  |  |
| 20c.                    | Property, h   | nomeowner's, or renter's insurance  | 20c.                | \$                     | 0.00                       |  |  |  |  |
|                         |               | ce, repair, and upkeep expenses   | 20d.                | \$                     | 0.00                       |  |  |  |  |
|                         |               | er's association or condominium dues  | 20e.                |                        | 0.00                       |  |  |  |  |
|                         |               | Car Repair  |                     | +\$                    | 100.00                     |  |  |  |  |
|                         |               | •   |                     | . •                    | 100.00                     |  |  |  |  |
|                         | -             | nonthly expenses  |                     |                        |                            |  |  |  |  |
|                         | Add lines 4   | <u> </u>  |                     | \$                     | 6,155.47                   |  |  |  |  |
| 22b.                    | Copy line 22  | 2 (monthly expenses for Debtor 2), if any, from Official Form 10  | )6J-2               | \$                     |                            |  |  |  |  |
| 22c.                    | Add line 22a  | a and 22b. The result is your monthly expenses.   |                     | \$                     | 6,155.47                   |  |  |  |  |
| 3. Calc                 | ulate your r  | monthly net income.   |                     |                        |                            |  |  |  |  |
|                         | -             | 12 (your combined monthly income) from Schedule I.  | 23a.                | \$                     | 7,439.28                   |  |  |  |  |
|                         |               | monthly expenses from line 22c above.   | 23b.                | -\$                    | 6,155.47                   |  |  |  |  |
| 00-                     | Cubtraat      | our monthly expenses from your monthly income   |                     |                        |                            |  |  |  |  |
| 23C.                    |               | our monthly expenses from your monthly income. is your <i>monthly net income</i> .                                      | 23c.                | \$                     | 1,283.81                   |  |  |  |  |
| 4. Do v                 | ou expect a   | an increase or decrease in your expenses within the year a  | ifter vou file this | s form?                |                            |  |  |  |  |
| For e                   | xample, do yo | u expect to finish paying for your car loan within the year or do you exp   |                     |                        | e or decrease because of a |  |  |  |  |
|                         |               | terms of your mortgage?   |                     |                        |                            |  |  |  |  |
| ■ N                     | lo.           |   |                     |                        |                            |  |  |  |  |
| ΠY                      | es.           | Explain here:   |                     |                        |                            |  |  |  |  |

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| Fill in this infor                                       | mation to identify your                            | case:  |                                  |  |
|--|--|--|----------------------------------|--|
| Debtor 1   | James Haren  |  |                                  |  |
|  | First Name   | Middle Name  | Last Name                        |  |
| Debtor 2<br>(Spouse if, filing)                          | First Name   | Middle Name  | Last Name                        |  |
|  | ankruptcy Court for the:                           | DISTRICT OF NEW JERSEY                                       | ,                                |  |
| Case number (if known)                                   |  |  |                                  | ☐ Check if this is an amended filing   |
| Official Form  Declarat                                  |  | ın Individual De   | ebtor's Schedul                  | <b>es</b> 12/15  |
| You must file thi<br>obtaining mone<br>years, or both. 1 | is form whenever you fi                            | le bankruptcy schedules or a<br>n connection with a bankrupt |                                  | ation.<br>alse statement, concealing property, or<br>o \$250,000, or imprisonment for up to 20 |
| Did you pa   | ay or agree to pay some                            | one who is NOT an attorney t                                 | o help you fill out bankruptcy f | forms?   |
| ■ No   |  |  |                                  |  |
| ☐ Yes. I   | Name of person                                     |  |                                  | ttach Bankruptcy Petition Preparer's Notice,<br>eclaration, and Signature (Official Form 119)  |
|  | alty of perjury, I declare<br>re true and correct. | that I have read the summary                                 | and schedules filed with this o  | declaration and  |
| X /s/ Jan  | nes Haren  |  | X                                |  |
| James  | s Haren<br>ure of Debtor 1                         |  | Signature of Debtor 2            |  |

Date **October 19, 2022** 

Date \_\_\_\_

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| Fill               | in this         | s information to ide  | ntify your case:           |                                 |            |  |                     |                |                                 |  |  |
|--------------------|-----------------|---|----------------------------|---------------------------------|------------|--|---------------------|----------------|---------------------------------|--|--|
| Deb                | otor 1          | James H   | laren                      |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | First Name  |                            | Middle Name                     |            | Last Name  |                     |                |                                 |  |  |
|                    | otor 2          |   |                            |                                 |            |  |                     |                |                                 |  |  |
| (Spo               | use if, fil     | ling) First Name  |                            | Middle Name                     |            | Last Name  |                     |                |                                 |  |  |
| Uni                | ted Sta         | ates Bankruptcy Cou   | rt for the: DIST           | TRICT OF NEW JE                 | RSEY       |  |                     |                |                                 |  |  |
|                    |                 | . h   |                            |                                 |            |  |                     |                |                                 |  |  |
|                    | se num<br>lown) | iber  |                            |                                 |            |  |                     | □ Cł           | neck if this is an              |  |  |
|                    |                 |   |                            |                                 |            |  |                     |                | nended filing                   |  |  |
|                    |                 |   |                            |                                 |            |  |                     |                |                                 |  |  |
| <b>○</b> t         | c: _ : _        | J Comes 407   |                            |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | al Form 107   |                            |                                 |            |  | _                   |                |                                 |  |  |
| Sta                | aten            | nent of Fina  | ncial Affai                | rs for Indiv                    | idua       | ls Filing for B                                      | ankruptcy           | <i>!</i>       | 04/2                            |  |  |
| Be a               | s con           | plete and accurate  | as possible. If to         | wo married people               | are fili   | ng together, both are                                | equally respons     | ible for supp  | lying correct                   |  |  |
| info               | rmatic          | on. If more space is  | needed, attach             |                                 |            | orm. On the top of any                               |                     |                |                                 |  |  |
| num                | iber (i         | f known). Answer e  | very question.             |                                 |            |  |                     |                |                                 |  |  |
| Par                | t 1:            | Give Details About  | t Your Marital Sta         | atus and Where Yo               | ou Live    | d Before   |                     |                |                                 |  |  |
| 1.                 | What            | is your current ma  | rital status?              |                                 |            |  |                     |                |                                 |  |  |
|                    | vviia           | is your ourrent ma  | inai status .              |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | Married   |                            |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | Not married   |                            |                                 |            |  |                     |                |                                 |  |  |
| 2.                 | Durin           | ng the last 3 years, I  | nave vou lived ar          | wwhere other tha                | n where    | you live now?  |                     |                |                                 |  |  |
| ۷.                 | Durin           | ig the last 5 years, i  | iave you lived al          | lywhere other tha               | ii wiici   | you live now :                                       |                     |                |                                 |  |  |
|                    |                 | No  |                            |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                            |                                 |            |  |                     |                |                                 |  |  |
|                    | Debt            | tor 1:  |                            | Dates Debtor                    | 1          | Debtor 2 Prior Ad                                    | dress:              |                | Dates Debtor 2                  |  |  |
|                    | DCD             | .01 1.  |                            | lived there                     | •          | Debtor 21 nor Ad                                     | u. 000.             |                | lived there                     |  |  |
| 2                  | With:           | n the last 8 years  | lid you over live          | with a spausa or l              | ogal og    | uivalent in a commun                                 | ity proporty stat   | o or torritory | 2 (Community proports           |  |  |
| <b>3.</b><br>state |                 |   |                            |                                 |            | <b>uivalent in a commun</b><br>New Mexico, Puerto Ri |                     |                |                                 |  |  |
|                    |                 |   |                            |                                 |            | ·  |                     |                | ,                               |  |  |
|                    | _               | No  |                            |                                 |            |  |                     |                |                                 |  |  |
|                    |                 | Yes. Make sure you t  | fill out <i>Schedule F</i> | H: Your Codebtors (             | Official I | Form 106H).  |                     |                |                                 |  |  |
| Par                | + 2             | Explain the Source  | es of Vour Incom           | 10                              |            |  |                     |                |                                 |  |  |
| гаі                | 12              | Explain the Source  | es of Tour Incom           |                                 |            |  |                     |                |                                 |  |  |
| 4.                 | Did y           | ou have any incom   | e from employme            | ent or from operat              | ing a bi   | usiness during this ye                               | ear or the two pro  | evious calen   | dar years?                      |  |  |
|                    |                 |   | ,                          | ,                               |            | inesses, including part                              |                     |                | •                               |  |  |
|                    | If you          | are filing a joint case   | e and you have in          | come that you rece              | ive toge   | ther, list it only once ur                           | ider Debtor 1.      |                |                                 |  |  |
|                    |                 | No  |                            |                                 |            |  |                     |                |                                 |  |  |
|                    | _               | Yes. Fill in the details  | S.                         |                                 |            |  |                     |                |                                 |  |  |
|                    |                 |   |                            |                                 |            |  |                     |                |                                 |  |  |
|                    |                 |   | Debto                      |                                 |            |  | Debtor 2            |                |                                 |  |  |
|                    |                 |   |                            | es of income<br>all that apply. |            | oss income<br>fore deductions and                    | Sources of inc      |                | Gross income (before deductions |  |  |
|                    |                 |   | Oneck                      | απ τη ατ αρριγ.                 | •          | clusions)  | Officer all trial a | APPIY.         | and exclusions)                 |  |  |
|                    |                 |   |                            |                                 |            |  |                     |                |                                 |  |  |

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Case number (if known) Debtor 1 James Haren Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Annuity \$49,552.00 the date you filed for bankruptcy: Unemployment \$5,744.00 For last calendar year: **Annuity** \$70,806.00 (January 1 to December 31, 2021) \$30,203.00 Unemployment For the calendar year before that: **Annuity** \$70,806.00 (January 1 to December 31, 2020) Unemployment \$7,173.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

**Total amount** 

paid

Amount you

still owe

attorney for this bankruptcy case.

**Dates of payment** 

Was this payment for ...

**Creditor's Name and Address** 

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Debtor 1 James Haren \_\_\_\_\_ Case number (if known)

| 7.  | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.      | rtners; relatives of any gene<br>control, or owner of 20% or | eral partners; partner more of their voting | rships of which you<br>securities; and an | u are a genera<br>ly managing ag  | I partner; corporations gent, including one for |  |  |  |  |
|-----|---|--|---|---|-----------------------------------|---|--|--|--|--|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |  |   |   |                                   |   |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                           | Amount you still owe                      | Reason for                        | this payment                                    |  |  |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. |  |   |   |                                   |   |  |  |  |  |
|     | No  |  |   |   |                                   |   |  |  |  |  |
|     | ☐ Yes. List all payments to an insider  |  |   |   |                                   |   |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                           | Amount you still owe                      | Reason for the Include credit     | t <b>his payment</b><br>tor's name              |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession   | s and Foreclosures   |   |   |                                   |   |  |  |  |  |
|     | modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number   | Nature of the case   | Court or agency                             |   | Status of the                     | e case  |  |  |  |  |
|     | Wells Fargo Bank NA v. James L.<br>Haren; et al.<br>F-035853-14   | Foreclosure  | Superior Court of Ocean<br>County           |   | ■ Pending □ On appeal □ Concluded |   |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |  | rty repossessed, fo                         | oreclosed, garnisl                        | hed, attached                     | , seized, or levied?                            |  |  |  |  |
|     | Creditor Name and Address   | Describe the Property  |   | Date                                      |                                   | Value of the                                    |  |  |  |  |
|     |   | Explain what happened  |   |   |                                   | property  |  |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No  □ Yes. Fill in the details.  |  | uding a bank or fin                         | ancial institution,                       | , set off any a                   | mounts from your                                |  |  |  |  |
|     | Creditor Name and Address   | Describe the action the                                      | creditor took                               | Date a taken                              | action was                        | Amount  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No ■ Yes  |  | rty in the possessi                         | on of an assignee                         | e for the bene                    | fit of creditors, a                             |  |  |  |  |

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| Del | btor 1 James Haren  | Case number  | (if known)                              |                          |
|-----|---|--|---|--------------------------|
|     |   |  |   |                          |
| Pa  | rt 5: List Certain Gifts and Contributions  | <b>S</b>   |   |                          |
| 13. | Within 2 years before you filed for bankru  ■ No  | ptcy, did you give any gifts with a total value of more t  | han \$600 per person?                   | ?                        |
|     | ☐ Yes. Fill in the details for each gift.   |  |   |                          |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts   | Dates you gave the gifts                | Value                    |
|     | Person to Whom You Gave the Gift and Address:   |  |   |                          |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co             | ptcy, did you give any gifts or contributions with a tota  | al value of more than                   | \$600 to any charity?    |
|     | Gifts or contributions to charities that to   |  | Dates you                               | Value                    |
|     | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                           | ·  | contributed                             | Value                    |
| Pai | rt 6: List Certain Losses   |  |   |                          |
| 15. | Within 1 year before you filed for bankrup or gambling?  No Yes. Fill in the details.                       | otcy or since you filed for bankruptcy, did you lose any   | thing because of thef                   | t, fire, other disaster, |
|     |   | Describe any insurance coverage for the loss   | Date of your                            | Value of property        |
|     | how the loss occurred   | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.                                    | Date of your<br>loss                    | lost                     |
| Pai | rt 7: List Certain Payments or Transfers  |  |   |                          |
| 16. | consulted about seeking bankruptcy or p   | otcy, did you or anyone else acting on your behalf pay reparing a bankruptcy petition? eparers, or credit counseling agencies for services require |   | rty to anyone you        |
|     | □ No  |  |   |                          |
|     | Yes. Fill in the details.   |  | _                                       |                          |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo                 | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment        |
|     | Joseph M. Casello, Esq<br>Collins, Vella & Casello, LLC<br>2317 Highway 34, Suite 1A<br>Manasquan, NJ 08736 | Legal Services   | September<br>2020                       | \$1,500.00               |
|     | Access Credit Counseling  | Credit Counseling Course   | September<br>2022                       | \$18.95                  |
| 17. |   | otcy, did you or anyone else acting on your behalf pay itors or to make payments to your creditors? you listed on line 16.                         | or transfer any prope                   | rty to anyone who        |
|     | □ No  |  |   |                          |
|     | Yes. Fill in the details.   |  |   |                          |
|     | Person Who Was Paid Address   | Description and value of any property transferred  | Date payment or transfer was            | Amount of payment        |

made

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Debtor 1 James Haren Case number (if known)

|     | Person Who Was Paid<br>Address  | Description and v<br>transferred                                    | Description and value of any property transferred |                | Date payment or transfer was made                         | Amount of payment                             |
|-----|---|---|---|----------------|---|---|
|     | Joseph M. Casello, Esq<br>Collins, Vella & Casello, LLC<br>2317 Highway 34, Suite 1A<br>Manasquan, NJ 08736   | Assistance with   | Loan Modific                                      | ation          | August 31,<br>2022  | \$1,500.00                                    |
|     | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already include your property. | iness or financial affa<br>e as security (such as the               | irs?<br>ne granting of a s                        |                |   |   |
|     | ■ No  |   |   |                |   |   |
|     | Yes. Fill in the details.   |   |   |                |   |   |
|     | Person Who Received Transfer<br>Address   | Description and v<br>property transferr                             |   | payment        | e any property or<br>s received or debts<br>exchange      | Date transfer was made                        |
|     | Person's relationship to you  |   |   |                | -   |   |
|     | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote   |   | y property to a s                                 | self-settled t | rust or similar device o                                  | f which you are a                             |
|     | Yes. Fill in the details.   |   |   |                |   |   |
|     | Name of trust  Description and value of the property transferred  |   |   |                |   |   |
| Par | t 8: List of Certain Financial Accounts, Instr  | uments, Safe Deposit  | Boxes, and Sto                                    | rage Units     |   | made  |
|     | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa  | other financial accour  | nts; certificates                                 | of deposit; s  |   |   |
|     | ■ No  | ,   |   |                |   |   |
|     | Yes. Fill in the details.   |   |   |                |   |   |
|     |   | ast 4 digits of ccount number                                       | Type of accou<br>instrument                       | c<br>m         | ate account was<br>losed, sold,<br>noved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
|     | Do you now have, or did you have within 1 yea   | ar before you filed for   | bankruptcy, an                                    | y safe depos   | sit box or other deposit                                  | ory for securities,                           |
|     | ■ No  |   |   |                |   |   |
|     | Yes. Fill in the details.   |   |   |                |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, St                             |   | Describe the   | e contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or   | State and ZIP Code) place other than your                           | home within 1 y                                   | ear before     | ou filed for bankruptcy                                   | <b>/</b> ?                                    |
|     |   |   |   |                |   |   |
|     | ■ No □ Yes. Fill in the details.  |   |   |                |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |   | Describe the   | contents  | Do you still have it?                         |
|     |   |   |   |                |   |   |

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Debtor 1 James Haren Case number (if known)

| Pai | t 9: Identify Property You Hold or Control for  | Someone Else   |   |                       |  |  |
|-----|---|--|---|-----------------------|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any proper  | ty you borrowed from, are storing fo              | r, or hold in trust   |  |  |
|     | No  |  |   |                       |  |  |
|     | Yes. Fill in the details.   |  |   |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)          | Describe the property                             | Value                 |  |  |
| Pai | t 10: Give Details About Environmental Inform   | ation  |   |                       |  |  |
| For | the purpose of Part 10, the following definitions   | apply:   |   |                       |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, ground  | - ·   |                       |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  |  | law, whether you now own, operate,                | or utilize it or used |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |  | s waste, hazardous substance, toxic               | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of wher  | n they occurred.                                  |                       |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable  | under or in violation of an environm              | ental law?            |  |  |
|     | ■ No  |  |   |                       |  |  |
|     | Yes. Fill in the details.   |  |   |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | Environmental law, if you know it                 | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |   |                       |  |  |
|     | ■ No  |  |   |                       |  |  |
|     | ☐ Yes. Fill in the details.   |  |   |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | Environmental law, if you know it                 | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any envi   | ironmental law? Include settlements               | and orders.           |  |  |
|     | ■ No  |  |   |                       |  |  |
|     | ☐ Yes. Fill in the details.   |  |   |                       |  |  |
|     | Case Title Case Number  | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Nature of the case                                | Status of the case    |  |  |
| Pai | t 11: Give Details About Your Business or Cor   | nnections to Any Business  |   |                       |  |  |
|     |   | •  | over fitting following a comment of the following |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | -  |   | y business?           |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                   |  |   |                       |  |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnersh   | ip (LLP)  |                       |  |  |
|     | ☐ A partner in a partnership  |  |   |                       |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation  |   |                       |  |  |

 $\hfill\square$  An owner of at least 5% of the voting or equity securities of a corporation

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Debtor 1 James Haren Case number (if known)

|            | out out   |   |   |
|------------|---|---|---|
|            |   |   |   |
|            | ■ No. None of the above applies. Go to F  | Part 12.  |   |
|            | Yes. Check all that apply above and fill  | in the details below for each business.                               |   |
|            | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)                  | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.                                     |
|            | (,, <b>,</b> ,  | Name of accountant of bookkeeper                                      | Dates business existed  |
|            | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to a                           | nyone about your business? Include all financial  |
|            | ■ No<br>□ Yes. Fill in the details below.   |   |   |
|            | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                           | Date Issued   |   |
| Part       | 12: Sign Below  |   |   |
| are to     |   | false statement, concealing property, or o                            | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| /s/ J      | lames Haren   |   |   |
|            | nes Haren<br>lature of Debtor 1   | Signature of Debtor 2   |   |
| Date       | October 19, 2022  | Date  |   |
| Did y ■ No |   | ent of Financial Affairs for Individuals Filin                        | g for Bankruptcy (Official Form 107)?   |
| Did y      | ou pay or agree to pay someone who is not   | an attorney to help you fill out bankrupto                            | y forms?  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform             | Fill in this information to identify your case:                |  |  |  |  |
|---------------------------------|--|--|--|--|--|
| Debtor 1                        | James Haren  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) |  |  |  |  |  |
| United States B                 | United States Bankruptcy Court for the: District of New Jersey |  |  |  |  |
| Case number (if known)          |  |  |  |  |  |

| Check   | Check as directed in lines 17 and 21:                                |  |  |  |  |  |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: |  |  |  |  |  |  |
|   | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|   | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|   | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|   | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - ☐ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |                     |                       |                                | Column<br>Debtor |      | Column<br>Debtor<br>non-fili |      |
|--|---------------------|-----------------------|--------------------------------|------------------|------|------------------------------|------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | e, and co           | mmissi                | ons (before all                | \$               | 0.00 | \$                           | 0.00 |
| <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.   | de payme            | ents from             | a spouse if                    | \$               | 0.00 | \$                           | 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a spoyou listed on line 3. | o <b>rt.</b> Includ | le regulaı<br>depende | contributions<br>nts, parents, | \$               | 0.00 | \$                           | 0.00 |
| Net income from operating a business, profession, or farm  | Debto               | 1                     |                                |                  |      |                              |      |
| Gross receipts (before all deductions)   | \$_                 | 0.00                  |                                |                  |      |                              |      |
| Ordinary and necessary operating expenses  | <b>-</b> \$ _       | 0.00                  |                                |                  |      |                              |      |
| Net monthly income from a business, profession, or f   | arm \$              | 0.00                  | Copy here ->                   | \$               | 0.00 | \$                           | 0.00 |
| Net income from rental and other real property   | Debtoi              | 1                     |                                |                  |      |                              |      |
| Gross receipts (before all deductions)   | \$_                 | 0.00                  |                                |                  |      |                              |      |
| Ordinary and necessary operating expenses  | <b>-</b> \$ _       | 0.00                  |                                |                  |      |                              |      |
| Net monthly income from rental or other real property  | , \$                | 0.00                  | Copy here ->                   | \$               | 0.00 | \$                           | 0.00 |

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Case number (if known)

|     |  |  | Colum<br>Debto |            | Column Debtor 2 |               |                                     |
|-----|--|--|----------------|------------|-----------------|---------------|-------------------------------------|
| 7.  | Interest, dividends, and royalties   |  | \$             | 0.0        | \$              | 0.00          |                                     |
| 8.  | Unemployment compensation  |  | \$             | 0.0        | o \$            | 0.00          |                                     |
|     | Do not enter the amount if you contend that the amount received was a bene the Social Security Act. Instead, list it here:   | fit under  |                |            |                 |               |                                     |
|     | For you\$  | .00  |                |            |                 |               |                                     |
|     | For your spouse \$   | .00  |                |            |                 |               |                                     |
|     | Pension or retirement income. Do not include any amount received that we benefit under the Social Security Act. Also, except as stated in the next sente not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injudisability, or death of a member of the uniformed services. If you received an pay paid under chapter 61 of title 10, then include that pay only to the extent does not exceed the amount of retired pay to which you would otherwise be exificated under any provision of title 10 other than chapter 61 of that title. | ence, do<br>ne<br>nry or<br>y retired<br>that it | \$             | 4,939.2    | <b>3</b> \$     | 0.00          |                                     |
| 10. | Income from all other sources not listed above. Specify the source and a Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or internationa domestic terrorism; or compensation, pension, pay, annuity, or allowance pai United States Government in connection with a disability, combat-related injudisability, or death of a member of the uniformed services. If necessary, list of sources on a separate page and put the total below.   | or<br>d by the<br>d by try or                    |                |            |                 |               |                                     |
|     |  |  | \$             | 0.00       |                 | 0.00          |                                     |
|     |  |  | \$             | 0.0        |                 | 0.00          |                                     |
|     | Total amounts from separate pages, if any.   | +  | \$             | 0.0        | <u> </u>        | 0.00          |                                     |
|     | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  | \$   | 4,939.         | 28 + \$    | 0.00            | -             | 4,939.28 otal average onthly income |
| art | 2: Determine How to Measure Your Deductions from Income  |  |                |            |                 |               |                                     |
| 12. | Copy your total average monthly income from line 11.   |  |                |            |                 | . \$          | 4,939.28                            |
| 13. | Calculate the marital adjustment. Check one:   |  |                |            |                 |               |                                     |
|     | You are not married. Fill in 0 below.  |  |                |            |                 |               |                                     |
|     | You are married and your spouse is filing with you. Fill in 0 below.   |  |                |            |                 |               |                                     |
|     | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NC dependents, such as payment of the spouse's tax liability or the spouse'   |  |                |            |                 |               |                                     |
|     | Below, specify the basis for excluding this income and the amount of incadjustments on a separate page.  | come dev   | oted to        | each purpo | se. If necessa  | ıry, list add | itional                             |
|     | If this adjustment does not apply, enter 0 below.  |  |                |            |                 |               |                                     |
|     |  | . \$   |                |            |                 |               |                                     |
|     |  | . \$   |                |            |                 |               |                                     |
|     |  | +\$_   |                |            |                 |               |                                     |
|     | Total  | \$   |                | 0.00       | Copy here=>     |               | 0.00                                |
| 14. | Your current monthly income. Subtract line 13 from line 12.  |  |                |            |                 | \$            | 4,939.28                            |
| 15. | Calculate your current monthly income for the year. Follow these steps   | :  |                |            |                 |               |                                     |
|     | 15a Copy line 14 here=>  |  |                |            |                 | \$            | 4,939.28                            |

James Haren

Debtor 1

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| Debto | or 1         | Jan            | nes Haren   |                           | Case number (if known)                        |                          |
|-------|--------------|----------------|---|---------------------------|---|--------------------------|
|       |              | М              | ultiply line 15a by 12 (the number of months in a   | year).                    |   | <b>x</b> 12              |
|       | 15           | b. Ti          | ne result is your current monthly income for the y  | ear for this part of t    | he form                                       | \$59,271.36              |
| 16    | Cal          | culate         | the median family income that applies to you  | u. Follow these ste       | ps:   |                          |
|       | 16a          | . Fill i       | n the state in which you live.  | NJ                        |   |                          |
|       | 16b          | . Fill i       | n the number of people in your household.   | 2                         |   |                          |
|       | 16c          | To fi          | n the median family income for your state and siz<br>nd a list of applicable median income amounts, g<br>uctions for this form. This list may also be availab | go online using the       |   | \$92,669.00              |
| 17    | . Hov        |                | he lines compare?   | ·                         |   |                          |
|       | 17a          | •              | Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NO   |                           |   |                          |
|       | 17b          | . [            | Line 15b is more than line 16c. On the top of<br>1325(b)(3). Go to Part 3 and fill out Calcula<br>your current monthly income from line 14 abo                | tion of Your Disp         |   |                          |
| Par   | 3:           | Ca             | lculate Your Commitment Period Under 11 U.  | S.C. § 1325(b)(4)         |   |                          |
| 18.   | Cop          | у уо           | ur total average monthly income from line 11 .  | ·                         |   | \$\$                     |
| 19.   | spo          | end t<br>use's | the marital adjustment if it applies. If you are me hat calculating the commitment period under 11 lincome, copy the amount from line 13.                     | U.S.C. § 1325(b)(4)       |   | -\$ 0.00                 |
|       | 19a          | . IT the       | e marital adjustment does not apply, fill in 0 on lin   | ne 19a.                   |   | -\$                      |
|       | 19b          | Sub            | tract line 19a from line 18.  |                           |   | \$\$                     |
| 20.   | Cal          | culate         | your current monthly income for the year. F   | follow these steps:       |   |                          |
|       | 20a          | Cop            | y line 19b  |                           |   | \$4,939.28_              |
|       |              | Mult           | iply by 12 (the number of months in a year).  |                           |   | <b>x</b> 12              |
|       | 20b          | . The          | result is your current monthly income for the yea   | r for this part of the    | form  | \$59,271.36_             |
|       | 20c          | Сор            | y the median family income for your state and siz   | ze of household from      | m line 16c                                    | \$92,669.00_             |
|       | 21.          | How            | do the lines compare?   |                           |   |                          |
|       |              |                | Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.   | ordered by the cou        | urt, on the top of page 1 of this form, checl | k box 3, The commitment  |
|       |              |                | Line 20b is more than or equal to line 20c. Unles commitment period is 5 years. Go to Part 4.   | ss otherwise ordere       | ed by the court, on the top of page 1 of thi  | s form, check box 4, The |
| Par   | t <b>4</b> : | Si             | gn Below  |                           |   |                          |
|       | Bys          | ignin          | g here, under penalty of perjury I declare that the   | information on this       | s statement and in any attachments is true    | e and correct.           |
| ×     | ( /s/        | Jam            | es Haren  |                           |   |                          |
|       |              |                | Haren<br>e of Debtor 1  |                           |   |                          |
|       | •            | •              | tober 19, 2022  |                           |   |                          |
|       | <b>Ι</b> έ   |                | 1/DD / YYYY   |                           |   |                          |
|       |              |                | cked 17a, do NOT fill out or file Form 122C-2.  | s form. On line 20 a      | of that form, convivour current monthly inc   | rome from line 14 above  |
|       | ii y         | u unt          | cked 17b, fill out Form 122C-2 and file it with this  | 5 101111. OII III IE 39 C | n macronn, copy your current monthly inc      | onio nominio 14 above.   |

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Debtor 1 James Haren Case number (if known)

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$78       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$338      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,738

\$1,167 filing fee \$571 administrative fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

total fee

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 

| 1       | ED STATES BANKRUPTCY (<br>RICT OF NEW JERSEY   | COURT                           |                     |   |  |  |
|---------|--|---------------------------------|---------------------|---|--|--|
| Caption | n in Compliance with D.N.J. LBR 90   | 04-1(b)                         |                     |   |  |  |
|         | h M. Casello<br>Route 34, Suite 1A   |                                 |                     |   |  |  |
| Manas   | quan, NJ 08736   |                                 |                     |   |  |  |
| 1 -     | 1-1766<br>o@cvclaw.net   |                                 |                     |   |  |  |
| ,       |  |                                 |                     |   |  |  |
|         |  |                                 |                     |   |  |  |
|         |  |                                 |                     |   |  |  |
| In Re:  | James Haren  |                                 |                     |   |  |  |
|         |  |                                 | Case No.:           |   |  |  |
|         |  |                                 | Chapter:            | 13                                      |  |  |
|         |  |                                 | Judge:              |   |  |  |
|         | DISCLOSURE OF  | CHAPTER 13 DEBTOR'S             | S ATTORNEY (        | COMPENSATION                            |  |  |
| 1.      | Durguent to 11 II S.C. 8 220(a)  | and End D. Ronkr. D. 2016       | b) I cortify that I | am the attorney for the debtor(s) and   |  |  |
|         |  |                                 | •                   | n, or agreed to be paid to me, for      |  |  |
|         | es rendered or to be rendered on   |                                 |                     |   |  |  |
|         | ■ Under D.N.J. LBR 2016-5(   | b). I have agreed to accept fo  | r all legal service | s required to confirm a plan, subject   |  |  |
|         |  |                                 |                     | cur postconfirmation, a flat fee in the |  |  |
|         | amount of \$ I unders  | tand that I must demonstrate    | that additional se  | rvices were unforeseeable at the time   |  |  |
|         | of the filing of this disclosure   | if I seek additional compensa   | tion and reimbur    | sement of necessary expenses.           |  |  |
|         | Legal services on behalf of the  | e debtor in connection with the | ne following are n  | ot included in the flat fee:            |  |  |
|         | Representation of the debtor in  | 1:                              |                     |   |  |  |
|         | adversary proceed  | <b>O</b> 1                      |                     |   |  |  |
|         | •  | an modification efforts,        | 6 4 6               |   |  |  |
|         | <ul> <li>post-confirmation</li> </ul>  | filings and matters brought b   | before the Court.   |   |  |  |
|         | I have received:   |                                 | \$                  |   |  |  |
|         | The balance due is:  |                                 | \$ <u>0.00</u>      |   |  |  |
|         | The balance □ will ■   | will not be paid through the    | plan.               |   |  |  |
|         | □ Under D.N.J. LBR 2016-5(   | c), I have agreed to accept for | r legal services pi | ovided on behalf of the debtor in this  |  |  |
|         | case, an hourly fee of \$  | The hourly fee charged by oth   | ner members of m    | ny firm that may provide services to    |  |  |
|         | this client range from \$ to \$ I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. |                                 |                     |   |  |  |
|         | expenses to be paid to me in the   | iis case post petition pursuan  | t to D.N.J. LBR 2   | 2016-1.                                 |  |  |
|         | I have received:   |                                 | \$                  |   |  |  |
| 2.      | The source of the funds paid to  | o me was:                       |                     |   |  |  |
|         | ■ Debtor(s)  | ☐ Other (specify below)         |                     |   |  |  |
|         | ("/  | (speem) colon)                  |                     |   |  |  |
|         |  |                                 |                     |   |  |  |

|          | Case 22-18335-MBk  |                                |  | 2 Entered 10/20/<br>age 50 of 53 | 22 11:53:30      | Desc Main           |  |
|----------|--|--------------------------------|--|----------------------------------|------------------|---------------------|--|
| 3.       | If a balance is due, the source of future compensation to be paid to me is:                                      |                                |  |                                  |                  |                     |  |
|          | ■ Debtor(s)  | □ Othe                         | er (specify belo                         | w)                               |                  |                     |  |
|          | I □ have or ■ have not a f I have agreed to share conent and a list of the people                                | mpensation wit                 | th a person(s) w                         | ho is not a member o             |                  |                     |  |
| prior to | (a) The Debtor(s) agree (r(s) as needed. If possible, to that hearing. Debtor(s) an appensated for their appears | Debtor's couns cknowledge that | sel will advise I                        | Debtor(s) of the use of          | coverage couns   | el for any hearings |  |
|          | Del  | otor(s) Initials               | D  | ebtor(s) Initials                |                  |                     |  |
|          | (b) The Debtor(s) DO Ned by Debtor(s) as needed. ey, or members of my law  | All appearance                 |  |                                  |                  |                     |  |
|          | Del  | otor(s) Initials               | D  | ebtor(s) Initials                |                  |                     |  |
| 6.       | The Debtor(s) have review  | ewed this Disclo               | osure and it is c                        | consistent with the term         | ms of the Retain | er Agreement.       |  |
| Date:    | October 19, 2022   |                                | /s/ James Haren<br>James Haren<br>Debtor | en                               |                  |                     |  |
| Date:    |  |                                |  |                                  |                  |                     |  |
|          |  |                                | Joint Debtor                             |                                  |                  |                     |  |
| Date:    | October 19, 2022   |                                | /s/ Joseph M.                            |                                  |                  |                     |  |
|          |  |                                | Joseph M. Ca<br>Debtor's Attor           |                                  |                  |                     |  |

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### United States Bankruptcy Court District of New Jersey

| n re  | James Haren   |                     | Case No. |                      |  |  |  |
|-------|---|---------------------|----------|----------------------|--|--|--|
|       |   | Debtor(s)           | Chapter  | 13                   |  |  |  |
| e ah  | VERIFICATION OF CREDITOR MATRIX  bove-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge |                     |          |                      |  |  |  |
| ate:  | ·   | /s/ James Haren     |          | 9. m.y. not 1 9 1.00 |  |  |  |
| Date. | OCIODE: 13, 2022  | James Haren         |          |                      |  |  |  |
|       |   | Signature of Debtor |          |                      |  |  |  |

A-1 Collection 2297 Highway 33, Suite 906 Hamilton Square, NJ 08690-1717

A-1 Collection Agency 715 Horizon Dr #401 Grand Junction, CO 81506

Alltran Financial, LP 5800 North Course Drive Houston, TX 77072

American Express Bankruptcy Department P.O. Box 981540 El Paso, TX 79998

American Trading Company 1334 Timberlane Road #14 Tallahassee, FL 32312

Berks Credit & Collections, Inc. PO Box 329
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State of New Jersey Division of Taxation P.O. Box 245 Trenton, NJ 08695-0245

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